



10-21-03

HTS021/142827

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **CARL L. HAMMONDS**

Serial No.: **10/676,184**

Date Filed: **10/01/03**

For: **METERING PUMP**

Group No.:

Examiner:

Atty Docket HTS021/142827  
No.

**RESPONSE TRANSMITTAL**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. Transmittal herewith is an amendment for this application.

2. Applicant is

- ☒ a small entity.  
☐ other than a small entity

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.6(d), 1.8(a) and 1.10)**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

- ☒ deposited with sufficient postage as Express Mail receipt **EV326177462US**, in an envelope addressed to the following: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 10-20-03

Dottie Holloway  
Signature

Dottie Holloway

(type or print name of person certifying)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

- ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

| Extension<br>(months)                 | Fee<br><u>large entity</u> | Fee for<br><u>small entity</u> |
|---------------------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> one month    | \$ 110.00                  | \$ 55.00                       |
| <input type="checkbox"/> two months   | \$ 400.00                  | \$ 200.00                      |
| <input type="checkbox"/> three months | \$ 920.00                  | \$ 460.00                      |
| <input type="checkbox"/> four months  | \$ 1,440.00                | \$ 720.00                      |
| <input type="checkbox"/> five months  | \$ 1,960.00                | \$ 980.00                      |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.
- ☐ Extension fee due with this request \$ \_\_\_\_\_

**OR**

- ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

| Claims Remaining After Amendment                 | Highest No. Previously Paid For | Extra Present | Rate      | Added Fee |
|--|---------------------------------|---------------|-----------|-----------|
| Total: 15  | 20                              | 0             | \$9/18    | \$0.00    |
| Independent: 2                                   | 3                               | 0             | \$42/84   | \$0.00    |
| First Presentation of Multiple Dependent Claims: |                                 |               | \$280/140 | \$0.00    |
| Total Additional Fees:                           |                                 |               |           | \$0.00    |

(complete (c) or (d), as applicable).

- ☒ No additional fee for claims is required.

**OR**

- ☐ Total additional fee for claims required \$\_\_\_\_\_

### FEE PAYMENT

5. ☐ Attached is our check in the sum of \$\_\_\_\_\_ for the fee of extension of time.
- ☐ Attached is our check in the sum of \$\_\_\_\_\_ for the fee for claims.
- ☐ Attached is our check in the sum of \$\_\_\_\_\_ for a petition to revive an application.
- ☐ Charge Account No. 50-0897 the sum of \$\_\_\_\_\_

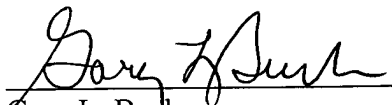
**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0897  
(HTS021/142827)

**AND/OR**

- ☒ If any additional fee for claims is required, charge Account No. 50-0897  
(HTS021/142827)

Date: Oct 20, 2003

  
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